## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name PAPA JOHN'S PIZZA #65  Address 713 HIGHLANDER POINT, FLOYDS KNOBS IN 47119  Owner							Telephone Number  845-285-0968  845-356-8390 X151  Purpose  Routine	Date of Inspection 10/06/2021 Follow Up	ID#  Released 10/16/2021	
Owner's Address PO BOX 8000 MONSEY, NY 10952  Person in Charge JAMES ONEIL  Responsible Person's Email LYDIA_WOLFE@PAPAJOHNS.COM  Certified Food Handler NEEDED							X Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type 1 2 _X 3 4 5		
				AND NARRATIVE COLUMN NS ARE DENOTED IN THE		AND IN THE NA	RRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative		To Be Corrected				
218	X	X	X	who was certified that the certificat to be emailed to	d. After the last insp	pection, the store by 9/ btained.	was PIC and did not know e manager stated in an ema /22/21. Certification needs oven to be leaking.			
Summary of Vio			ted):	1 NC	<u>1</u> R <u>1</u>		spected by (name and title	printed):		
JAMES ONEIL							Christa Manus EHS			
Received by (signature):						In	Inspected by (signature):			
cc:					cc:	+		cc:		